

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

33134

FILED SEP 25 1952

818

1003

Registrar's No.

8278

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (If applicable) 8 MO & 20 DIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City, Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 5600 Arsenal St			
3. NAME OF DECEASED (Type or Print) a. (First) Effie		b. (Middle)		c. (Last) Krumbach		4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 52	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separation		8. DATE OF BIRTH March 16 1884	
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Williamson, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John McDonald		13b. MOTHER'S MAIDEN NAME Leah Jenkins		14. NAME OF HUSBAND OR WIFE Unavailable			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City, Infirmary Records 5600 Arsenal St			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) arteriosclerosis, general  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of cervix  INTERVAL BETWEEN ONSET AND DEATH yrs 1 yr				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500H			
22. I hereby certify that I attended the deceased from 12/11, 19 51, to 8/29, 19 52, that I last saw the deceased alive on 8/29, 19 52, and that death occurred at 11:PM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William M. Aweeney MD				23b. ADDRESS 5600 Arsenal Street.,		23c. DATE SIGNED 8/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-30-52		24c. NAME OF CEMETERY OR CREMATORY Marion		24d. LOCATION (City, town, or county) (State) Marion, Illinois.	
DATE REC'D BY LOCAL REG. SEP 2 1952		REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frick, Marion, Illinois.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Hennehy*

Licensed Embalmer No. *4194*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.